



DEPARTMENT OF THE ARMY  
U.S. ARMY MILITARY DISTRICT OF WASHINGTON  
JOINT FORCE HEADQUARTERS-NATIONAL CAPITAL REGION  
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MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy Letter – Suicide Prevention – Memorandum #11

1. References:

- a. DA Pam 600-24 Health Promotion Risk Reduction and Suicide Prevention.
- b. AR 600-63 Army Health Promotion.
- c. DoDI 6495.02 Sexual Assault Prevention and Response Program Procedures
- e. Suicide Prevention Army G-1: <http://www.armyg1.army.mil/hr/suicide/default.asp>.
- f. JFHQ-NCR/USAMDW – Suicide Prevention Action Plan (SPAP),  
<https://operations.noradnorthcom.mil/sites/JTFNCR/SPAP/default.aspx>.
- g. Comprehensive Soldier Fitness, <http://csf.army.mil/>.
- h. Navy Personnel Command Suicide Prevention Program, [http://www.public.navy.mil/bupers-npc/support/21st\\_century\\_sailor/suicide\\_prevention/pages/default.aspx](http://www.public.navy.mil/bupers-npc/support/21st_century_sailor/suicide_prevention/pages/default.aspx)
- i. Headquarters Marine Corps Suicide Prevention, Marine Corps Order 1702-02, [www.usmc-mccs.org/suicideprevent](http://www.usmc-mccs.org/suicideprevent).
- j. United States Air Force Suicide Prevention Program,  
<http://www.af.mil/SuicidePrevention.aspx>.
- k. United States Coast Guard Suicide Prevention Program,  
[http://www.uscg.mil/worklife/suicide\\_prevention.asp](http://www.uscg.mil/worklife/suicide_prevention.asp).

2. Purpose: To facilitate the development of a resilient force by helping all uniformed servicemembers, Department of Defense (DoD) Civilians, contractors, non-appropriated fund employee's (NAF), and their Family members assigned to the Joint Force Headquarters-National Capital Region/U.S. Army Military District of Washington (JFHQ-NCR/USAMDW) recognize the early warning signs and circumstances that are often associated with suicidal behavior, as well as to provide opportunities for awareness and education in health promotion, risk reduction, suicide prevention, and comprehensive total workforce fitness.

ANPE

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3. Policy:

a. General. Commanders and supervisors will create a supportive, responsive environment that demonstrates their concern for the well-being of the individuals for whom they are responsible. Commanders and supervisors will ensure the following are in place in their commands:

(1) Publish and enforce a command-level SPAP.

(2) Create a formal commitment to support the Army's goal of reducing the number of suicides and the disruptive effects of suicide.

(3) Ensure active involvement of the chain of command in supporting professional agencies.

b. Suicide Prevention Training for servicemembers.

(1) Training will be allotted no less than one 50-minute block of instruction each year. Mandatory topics will include the following:

- Common suicide warning behaviors.
- Resources available in garrison and how to access.
- Resources available during deployment and redeployment and how to access.
- Causes of stress that are known to lead to suicidal behavior.

(2) Commanders and supervisors will incorporate suicide prevention education into their annual training requirements.

(3) All uniformed servicemembers will be given the Ask, Care, Escort (ACE) suicide response pocket card, (GTA 12-01-003) which can be obtained from the Fort George G. Meade TASC support center.

(4) The two approved suicide prevention and awareness training websites for all uniformed servicemembers are the Military One Source at: <http://www.militaryonesource.mil/MOS/f?p=MOS:HOME:0>, and the Deputy Chief of Staff, Army G-1 suicide awareness homepage at: <http://www.armyg1.army.mil/hr/suicide/default.asp>.

c. Suicide Prevention Training for DoD Civilians and Family members.

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(1) DoD civilians will be provided suicide prevention and awareness training as an annual mandatory training requirement in accordance with AR 600-63. Civilian employees may be excused from the Army Suicide Prevention Training if they believe the training is offensive or may be emotionally or psychologically stressful to them. Managers and supervisors who excuse civilians from the scheduled training will offer those employees alternatives to the training, such as written materials on suicide prevention.

(2) Garrison commanders will provide suicide prevention training to Family members through organizational suicide prevention program managers, Family Readiness Groups, the Chaplains Corps, and/or available Army Reserve behavioral health support through command channels.

(3) The two approved suicide prevention and awareness training websites for DoD Civilians' and Family members are the Military One Source at: <http://www.militaryonesource.mil/MOS/f?p=MOS:HOME:0>, and the Deputy Chief of Staff, Army G-1 suicide awareness homepage at: <http://www.armyg1.army.mil/hr/suicide/default.asp>.


d. Resources on suicide prevention and awareness can be found on the various services specific websites listed in the references in paragraph 1.

4. The enclosed checklist is a guide to identify suicide tendencies and steps that should be taken if symptoms are present.

5. Each one of us has a responsibility and commitment to reach out and help our team members. Together, we will make a difference by helping those who are at risk, and by preventing suicides.

6. The USAMDW J/G1 is the proponent for this memorandum.

Encl

  
BRADLEY A. BECKER  
Major General, US Army  
Commanding

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## **1. Suicide Tendency Checklist:**

### **Verbalizations:**

- Makes vague statements about how things look hopeless
- Are obsessed with death, talking about it frequently, listens to sad music or poetry
- Talks about dying
- Talks about themselves as failures

### **Behaviors:**

- Poor personal appearance
- Shows trouble concentrating
- Doesn't work as well as he or she used to
- Withdrawn from friends or are already loners
- Abuses alcohol or drugs
- Adopts a daredevil attitude
- Has made a suicide plan or threat
- Has lost interest in things he or she used to enjoy
- Acquires a means with which to commit suicide
- Psychiatric illness.
- Family history of mental disorder or substance abuse.
- Chronic physical illness, including chronic pain.
- Loss of health (real or imaginary).
- Recent, severe loss (especially a marriage or relationship), or threat of significant loss.
- Being faced with a situation of humiliation or failure

### **Life History:**

- Had friends or Family members that have committed suicide
- Has tried to commit suicide in the past
- Has lost a parent, child, close family member or close friend
- Has unstable social relationships
- Has been impulsive in the past
- History of family violence.
- Abused physically or sexually.

## **2. What to DO in the Event you Suspect a Person of Contemplating Suicide:**

**Take Threats Seriously.** Trust your suspicions. It is easy to predict suicide behavior when a person exhibits most of the factors in the checklist. However, the warning signs from many people are very subtle. Something like telling a loved one "goodbye" instead of "good night" may be the only clue.

**Talk to the Person About Suicide.** Once you are inclined to believe someone may be contemplating suicide, you can help in several ways. The most important thing is to not hesitate. It is better to offer help early and be incorrect than to either regret or doing so later. The first step is to offer support, understanding and compassion, no matter what the problem. By giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

**Confront the Problem.** If you suspect that a person is suicidal, begin by asking questions such as, “are you feeling depressed?” or “have you been thinking about hurting yourself?” Be direct. Don’t be afraid to discuss suicide with the person. Getting him or her to talk about it is a step in a positive direction. Be a good listener. Don’t make moral judgments, act shocked or make light of the situation. Making comments such as “you should be grateful for what you have,” or pointing out, “you have it much better than most” may only deepen the sense of guilt the person already feels. Instead, discuss these things in a broader sense and give the person the feeling that you and others actually care. Remember to **Be yourself, Be sympathetic, and Offer hope.**

**Tell them YOU Care.** Persons who attempt suicide most often felt alone, worthless, and unloved. You can help by letting them know they are not alone, that you are always there for them to talk to. Tell loved ones how much you care about them and offer your support and compassion. By assuring that person that some help is available, you are literally throwing him a lifeline. Remember, although a person may think they want to die, they have an innate will to live and are hoping to be helped.

**Remove Access to Likely Suicide Tools.** Control access to weapons, medications or anything else they can use to commit suicide. This control should not be exhaustive and deliberately apparent, but means of impulsive serious self-harm should be monitored.

**Get Professional Help.** The most useful thing that you can do is to encourage the person considering suicide to get professional help immediately. If necessary, offer to go with or even take them to seek help. The Military community offers many sources of help such as mental Health Services and the Hospital Emergency Room for immediate intervention. When danger is less immediate, the Family Life Center and the Chaplains Corps offer compassionate counseling and services. Other sources of help include the Alcohol and drug Counseling Centers, Army Community Services, and the Chain of Command.

### **3. What NOT TO DO in the Event you Suspect a Person of Contemplating Suicide:**

**Do Not** – leave someone alone if you think the risk of suicide is imminent.

**Do Not** – Assume the person isn’t the suicidal type. If in doubt, ask.

**Do Not** – Debate the morality of self-destruction or talk about how it may hurt others. This may induce more guilt.

**Do Not** – Keep it a secret. Tell someone immediately what you suspect, in particular your chain of command.

**Do Not** – Try to shock or challenge the person out of contemplation.

**Do Not** – Analyze the person's motives for wanting to commit suicide.

**Do Not** – Argue with the person.

**4.** The following Crisis Support Centers are available to Military members, Department of the Army Civilians, and Family members.

- a. National Suicide Prevention Lifeline 24hours– 1-800-273-TALK (8255).
- b. Military Crisis Line – 1-800-273-TALK (8255) - Press 1.
- c. Military One Source 24 hours– 1-800-342-9647.
- d. The Defense Center of Excellence (DCoE) – 1-866-966-1020.
- e. Wounded Soldier and Family Hotline – 1-800-984-8523.